

Please Direct All Correspondence to Customer Number **20995**

**TRANSMITTAL LETTER**

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**



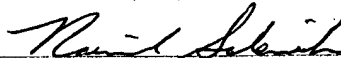
Applicant : Hutton et al.  
App. No : 10/007,644  
Filed : November 6, 2001  
For : DATA ACCURACY FILTER FOR  
INTEGRATED EMERGENCY MEDICAL  
TRANSPORTATION DATABASE  
SYSTEM  
Examiner : Linh Giang Le  
Art Unit : 3626

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 26, 2006

(Date)

  
Raimond J. Salenicks, Reg. No. 37,924

**Mail Stop Amendment**

Commissioner for Patents


P.O. Box 1450

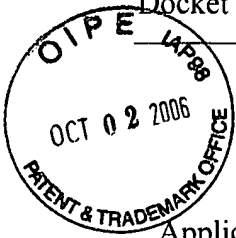
Alexandria, VA 22313-1450

Dear Sir:

Enclosed for filing in the above-identified application are:

- (X) A Supplemental Information Disclosure Statement and PTO/SB/08 equivalent listing references for consideration:
  - (X) Listing 1 reference (previously listed).
  - (X) Enclosing 1 reference.
- (X) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment, to Account No. 11-1410.
- (X) Return prepaid postcard.

  
Raimond J. Salenicks  
Registration No. 37,924  
Agent of Record  
Customer No. 20,995  
(619) 235-8550



## SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

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Raimond J. Salenieks, Reg. No. 37,924

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Dear Sir:

Enclosed for filing in the above-identified application is a PTO/SB/08 Equivalent listing one reference to be considered by the Examiner. Also enclosed is one foreign patent reference and/or non-patent literature as listed on the Information Disclosure Statement. This reference was previously submitted with our Information Disclosure Statement mailed June 28, 2006, but Applicant believes that it submitted an incomplete copy of the reference.

The Applicant believes that no fee is due, however, the Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Account No. 11-1410.

Respectfully submitted,  
KNOBBE, MARTENS, OLSON & BEAR, LLP

Dated: September 26, 2006

By:   
Raimond J. Salenieks  
Registration No. 37,924  
Agent of Record  
Customer No. 20,995  
(619) 235-8550

# INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Multiple sheets used when necessary)

Application No. 10/007,644  
 Filing Date November 6, 2001  
 First Named Inventor Kevin C. Hutton  
 Art Unit 3626  
 Examiner Linh Giang Le  
 Attorney Docket No. GOLDENH.003A

OCT 02 2006

SHEET 1 OF 1

## U.S. PATENT DOCUMENTS

Examiner Initials	Cite No.	Document Number Number - Kind Code (if known) Example: 1,234,567 B1	Publication Date MM-DD-YYYY	Name of Patentee or Applicant	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear

## FOREIGN PATENT DOCUMENTS

Examiner Initials	Cite No.	Foreign Patent Document Country Code-Number-Kind Code Example: JP 1234567 A1	Publication Date MM-DD-YYYY	Name of Patentee or Applicant	Pages, Columns, Lines Where Relevant Passages or Relevant Figures Appear	T <sup>1</sup>

## NON PATENT LITERATURE DOCUMENTS

Examiner Initials	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>1</sup>
	1	Wyoming Medicaid Provider Manual Billing Manuals, March 1, 1999. Section on HCFA 1500, chapters 4 (pgs. 4-4, 4-7, and 4-54 in particular) and 9 (pgs. 9-11 to 9-13). Section on Transportation, chapter 3 (3-12 to 3-22 in particular) and Appendices (C, D)	

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Examiner Signature

Date Considered

\*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

T<sup>1</sup> - Place a check mark in this area when an English language Translation is attached.